Reviewer’s report

Title: Kenya’s Health in All Policies strategy: a policy analysis using Kingdon’s multiple streams

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Reviewer: Masuma Mamdani

Reviewer's report:

Full Title:

* Suggest revisit the title as the paper examines the process and to some extent, the adoption of HiAP in Kenya; it does not really engage in the subject of if and how HiAP has been used for agenda setting.

Abstract:

* Examining the adoption of HiAP in Kenya, rather than evaluating, given the study design?

Background:

* Politics stream - missing is any comment on the complexity of policy making process in countries such as Kenya that are reliant on external financing (especially the health sector); the HiAP process would to a large extent be shaped by global actors and discourse, including global initiatives shaping Kenya's health system, and at times by passing national planning process and priorities? Would this to any extent have implications for national "ownership" of the HiAP agenda?

* In terms of "window of opportunity" - the key question of interest becomes how do all these streams interplay? what are/have been to date, the facilitators and barriers to effective adoption and implementation of HiAP in Kenya? I find this analysis missing to some extent in the discussions section, or perhaps not clearly argued.

* Might want to mention the recent World Medical Association Council meeting in Livingstone (2017), where a commitment was made to setting up collaborative groups— and to sharing experience between countries; Kenya for example was keen to learn more from the Zambian experience of setting up a ministry responsible for SDH.
Study setting:

* Qualitative case study carried out nationally, based on document review and key informant interviews? A focus on any specific counties within Kenya to gauge the adoption of the HiAP approach at sub-national level policy making processes?

* Effective adoption and implementation of the HiAP approach is closely linked to effective coordination of resources at national and sub-national (county) levels. The paper does not adequately touch on the resource question which is fundamental to the whole issue of addressing the "power dynamics" and "governance framework" for an SDH approach (which challenges the status quo). Perhaps the authors can include brief details in this respect. For example, are funds directly channeled from central treasury to the councils or via the concerned sectoral Ministries? How much of external financing is off budget and direct to the districts? Do councils have autonomy in use of resources? A reader not familiar with the Kenyan devolution process, will find it difficult to follow your final conclusion of why the "three reasons pose a challenge for any policy formulation" - it deserves a bit more explanation. Also, the details linked to the new structure and forthcoming constitutional change, and the challenges this might pose to policy formulation maybe better placed in the results or discussion section?

* Key Informant Interviews: any specific criteria adopted in selecting key informants, with respect to specific ministries, DPs and international and national NGOs? As well as with respect to the specific individuals interviewed within these organisations? Or based on availability?

* The authors might consider including a table with some key country indicators (social, economic, financing, health, etc), as well as chronology of key country policies/strategies/frameworks linked to HiAP process, as well as Vision 2030? Helps contextualizing the SDH and HiAP discourse.

Analysis

* Curious - did the authors also assess key informant knowledge regarding the importance of an SDH approach to addressing health and well being? And then the challenges encountered in an SDH approach? The conceptualization and importance of an SDH approach to addressing health and well being is just gaining momentum, with a gradual understanding of the importance of an SDH approach, more so as addressing nutrition and NCDs have become national priorities… this is a process.
Results

* Problem stream: refer authors to my last comment on SDH. National and regional researchers also bear some responsibility for poor recognition of SDH as it is a reflection of the conceptualization and analysis of research data, that till very recently has failed to take into consideration the various underlying determinants (beyond health); and also the extent to which research effectively informs the policy making process (as evidenced by your Table 3 - increasing awareness of global discourse amongst academia and independent consultants, but this has not transcended to the policy makers and the civil society; it begs the question of priorities - whose priority? Global and/or national?)

* Adelaide statement (page 14)- perhaps a line/footnote on this? What is this statement and its relevance? Not every reader is familiar with the Adelaide statement

HiAP and development goals

* Vision 2030 is a Vision which usually would not be concrete and have a budget attached to it; there are various strategies over time to achieve this Vision, and these Strategies are costed (p18); but perhaps in Kenya it is otherwise? The Vision has a specific budget linked to it? When was Vision 2030 adopted? Before the HiAP discourse? In what way was Vision 2030 modified with adoption of SDGs? (p19)

Politics

* HiAP as a policy approach is influenced by national, regional and global political discourse. Question is to what extent has this been localized?

* Collaboration between sectors can't be in abstract, but would be linked to specific initiatives and interventions (p20): (and Table 7 provides evidence of intersectoral coordination to the contrary-present or potential areas). The HIV intersectoral approach (mentioned later in the paper), is one good example of how such an approach can be successfully driven when linked to a specific initiative that is well funded as well as politically championed, and requires an implementation strategy across specific sectors.

* WHO 2013 makes a note of some interesting earlier mental health initiative and entry points for intersectoral action:

"The UK Government funding for the mental health policy reforms in Kenya, for example, supported the collaboration of a range of non-health sectors including police, prisons, schools,
child protection and social welfare whilst an NGO supported community engagement and action at other levels and a local university facilitated a participatory process in a high need community."

"on several entry points simultaneously. For example the work on mental health in Kenya used evidence to feed into a sustained policy dialogue on mental health involving ministries of health, social welfare, education, police, prisons and child protection about the issues raised, including the policy and institutional needs, and the integration of mental health into generic health sector reforms."

It also discusses intersectoral collaboration on child nutrition in informal settlements in Mombasa.

(WHO. 2013. Practising a health in all policies approach: lessons for universal health coverage and health equity: a policy briefing for ministries of health based on experiences from Africa, South-East Asia and the Western Pacific.)

* Is it not a good idea that meetings are held on need basis and not regularly? There is usually a tendency of endless committees and meetings with undue attention to actual implementation?

* Following is a very insightful comment from one of the key informants and would the authors might consider delving a bit more into it: "think Kenya has always mainstreamed the issues of health and no wonder the concept of health in all policies has not been so pronounced"…implies that without being labeled HiAP, intersectoral initiatives have been in place for some time? Also a present danger in many countries when discussing "mainstreaming" is to set up committees and focal persons in specific sectors, without a clear understanding of how to go about the process of "mainstreaming" and its resource and technical implications. Sometimes when institutions are weak, the most simplest of processes stand a better chance of being successfully implemented. Intersectoral collaborations involves a degree of complexity and calls for transparency in resource allocation - a challenging scenario. The authors might consider a paragraph based on experiences from other regional countries on "What are the challenges to inter-sectoral collaboration? For a more coordinated and cost-effective implementation of HiAP? What are the necessary governance structures?" Many countries have adopted the SDG agenda, and committed to HiAP and an SDH approach; moving from policy to practice is another story.

* The sudden reference to Namibia Vision 2030 seems out of place- or perhaps elaborate a bit on it? How does Namibia's Vision compare with Kenya's? Its relevance for Kenya's HiAP agenda?
Discussion

* As noted earlier, the discussion section can be strengthened a bit more; with details on some of the key facilitators and barriers to the HiAP process to date? For example: given its links to the SDG commitments, to what extent have the SDGs been localized in Kenya, and understood throughout the decentralised governance system? Is there a convergence/divergence between the SDGs and Agenda 2063 ("The Africa we want") adopted by the African Union? What plans are in place to integrate the SDGs, as well as Agenda 2063, into national plans, policies and practice? What are some of the key prerequisites for effective implementation of SDGs? This would have some implication for effective adoption and implementation of HiAP in Kenya,

* The concluding paragraph of the discussion referring to the shortcomings of Kingdom's framework when assessing public policies in developing countries, might fit better under a section on limitation of this study (were there any other limitations worth mentioning)? Given the role of international actors in policy making processes and agenda setting in Kenya, would it not have been better to adopt another framework of analysis? Which other framework might the authors recommend? Walt and Gilson (1994) health policy triangle which considers the policy process, content, context and actors? Or??

* The authors rightly conclude that HiAP in Kenya is in its infancy. It therefore still has to go through the phase of making it nationally relevant; its implantation will be linked to specific priorities and not in abstract, and will have resource implications. SDH is a long and challenging process.

References:

Might want to look at:


2nd International Health Promotion Workshop, Kitale, Kenya, 9 August 2013 "Health in All Policies" - What does that mean to local communities?

Achieving Policy Coherence at National, Regional and Global Levels to Address SDH and SDGs (Dr Michieka Okioga Michieka, Kenya National Young Academy of Scientists).(SDH WORKSHOP, 7-8 Nov 2016, Jo'burgh, SA)
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